

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
1057663844

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3							
4							
5		1					
6							
7							
8							
9							
10		1					
11							
12							
13							
14		1					
15		1					
16		1					
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30							
31							
32		1					
33		1					
34		1					
35							
36							
37							
38							
39							
40							
41		1					
42							
43							
44							
45							
46							
47		1					
48		1					
49	C	C					
50		1					
TOTAL IND.			↓		↓		↓
TOTAL DEP.		←	←	←	←	←	←
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51	C	C					
52		1					
53		1					
54		1					
55		1					
56	C	C					
57		1					
58							
59							
60							
61							
62							
63		1					
64		1					
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95							
96							
97							
98							
99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.		←	←	←	←	←	←
TOTAL CLAIMS							